Restraint
Log
Med/Surg
% ICL
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Patient Name:						Age:			Da	ate:		
Initiation of restraint / se Brief description of behav	eclusion (circl	e one) Time:									_	
Less restrictive interver	oom	ted (check a	oplicable):			Staf	ff assisting with	n intervent	on:		_ _ _	
☐ Increased obse ☐ Verbal de-esca ☐ Structured roon	lation techniqน า plan					_			? 🗆 NO 🗆			
☐ Redirecting ☐ Medication offe ☐ Physical contain	red/given nment hold	med tir	ne 									
☐ Other (list) ☐ Not attempted o	due to threats	to safety of pa	atients / staff	/ other / mil	eu	Con	npleted by:	(ir	nitial here and s	ign back of form	)	
	8A	10A	12P	2P	4P	6P	8P	10P	12A	2A	4A	6A
Behavior												
Combative Threatening												
Agitated												
Talking												
Cooperative												
Quiet												
Sleeping												
OTHER (specify)												
Staff initials												
	8A	10A	12P	2P	4P	6P	8P	10P	12A	2A	4A	6A
Activity *												
Eye contact												
Continuously maintained												
q15 minute checks												
Hydration												
Elimination Tald aritaria												
Told criteria												
Nutrition Vital Signs					+							
Hygiene										+		
RESTRAINTS ONLY:												
Application												
Circulation									1	1		
Positioning										1		
ROM										1		
OTHER (specify)												
Ota ff in this Is										+ +		
Statt initials					·				Outtoute for D	<u> </u>	T	tabliahad
	e following:	Type of	Restraint: /c	circle one)	Applied to:	(circle one)	Time		Criteria for R	elease	I IIMe es	lablishen
* Specify in each grid th  R = If patient refuse	ed	<u> </u>	Restraint: (d		Applied to:	·	Time Discontin	ued:	Criteria for R	elease	Time es	tablished
* Specify in each grid th  R = If patient refuse  N = Activity not offe	ed ered	<u> </u>	eather Sea		All limbs Ch	est		nued:				
* Specify in each grid th R = If patient refuse	ed ered	Locked L Waist Soft Limb	eather Sea Cam	t Belt nisole	All limbs Ch Left arm Rig Left leg Rig	est	Discontin	nued: 		elease elease criteria		revision

## MEDICAL RECORD

Behavioral Health Restraint and Seclusion Log

MEDICAL ORDE							DN ASSESSI	MENT OF NEED FO	AP CONTIN	UATION OF INTERV	/FNTION _ PN with	
Initial writte	n order required with	in one hour	of initiation			7	appropriate co		assess eac	h hour the patients or	ngoing need for seclusion or	
Time interventio	n initiated	RN Initials					Time of assessment	Signature of RN		ale for continuation	Additional actions taken (i.e. efforts to assist patient to meet criteria, change in treatment plan, medications given etc)	
INITIAL ORDER	_										medications given etc)	
Time of order	Duration of order	LIP Respo	onsible	RN Initi	als							
	/AL – n and adolescents ( (≥18 y.o.) order dura			s for <b>one</b>	hour only							
Time of order	Duration of order	LIP Respo	onsible	RN Init	ials							
									☐ PI	Report Completed	Initials	
IN-PERSON EVALUATION BY AN LIP (must be documented by the LIP in Progress Note): This evaluation is required within one hour of initiation for all patients in				restraint or seclusion or for 2 or more episodes within 12 hours for the same patient.		SIGNATURES						
behavioral healt	n setting.	<del>,</del>					Time intervention initiated	Time notification will be required	Initials	Initials Signatures		

Time intervention initiated	Time of evaluation	LIP evaluator	RN Initials

REPEAT IN-PERSON EVALUATION BY AN LIP (document in progress note)
Repeat in-person evaluations by an LIP are required at least every 4 hours for
children and adolescents (<18 y.o.) and every eight hours for adults (≥18 y.o.)

Time of evaluation	LIP evaluator	RN Initials

Time intervention initiated	Time notification will be required
WHO WAS N	NOTIFIED?

AT WHAT	TIME?

WHO	NOTIFIED	THEM?
VVIIO	NOTIFIED	IIILIVI!

PI Report Completed	
	Initials

	SIGNATURES		
Initials	Signatures		